

REQUEST FOR STUDENT TRAVEL AND TRIP INSURANCE APPLICATION

**TO BE COMPLETED ONE WEEK IN ADVANCE OF TRIP**

- Field Trips:** For all class-related student travel, please complete this form and route to appropriate **department chair and dean**, obtain the Controller's Office signature\*, and then route to the **Student Life Office**.
- Travel with Student Organizations:** For all travel sponsored by a chartered student organization, please complete this form and route to the **organization representative**, the **faculty/staff sponsor**, the Controller's Office or the Fee Collection Window\*, and then to the **Student Life Office**.

\*If you are paying by cash, pay at the Fee Collection Window. If a university account is paying for the trip insurance, please indicate account number below. The Controller's Office signature or receipt should accompany this form.

SPONSORING CLASS/ORGANIZATION \_\_\_\_\_

Faculty/Staff Sponsor \_\_\_\_\_

Dates of Travel: Departure: \_\_\_\_\_ Return to NSU \_\_\_\_\_

Destination: \_\_\_\_\_ Purpose of Travel: \_\_\_\_\_

Number Participating \_\_\_\_\_ Cost of Insurance \_\_\_\_\_  
Per person rate (1 day-.19; 2 days-.38; 3 days-.57;  
 4 days- .76; 5days-.95; 6 days-1.14; 7days-1.33;  
 8 days-1.52; 9 days 1.71; 10 days-1.90)

State Vehicle \_\_\_\_\_ Personal Vehicle \_\_\_\_\_

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**Department Sponsored Field Trip/Travel with Student Organization**

\_\_\_\_\_  
Department Chairperson/Organization Representative

\_\_\_\_\_  
Dean/Sponsor

\_\_\_\_\_  
Controller's Office for Payment/Account Approval

\_\_\_\_\_  
Receipt #  
(If Paying Cash)

\_\_\_\_\_  
-3285  
Univ. Account #  
(If Paid by Univ.  
Dept. or Account)

\_\_\_\_\_  
Received: Student Life Office

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**List of Participants**

_____	_____
_____	_____
_____	_____
_____	_____